

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/674975
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
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49				
50				
TOTAL IND.	4	↓	3	↓
TOTAL DEP.	16	→	8	→
TOTAL CLAIMS	26	↓	12	↓

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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83					
84					
85					
86					
87				1	
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.		↓		↓	↓
TOTAL CLAIMS	26	↓	12	↓	↓